

VENDOR CLAIM REPORT

VENDOR AND CONTACT _____

PREPARED BY _____ DATE _____

YOUR INVOICE # _____

ENPOINTE Job # _____ ENPOINTE PO # _____

Problem Discovered At: ☐ VENDOR ☐ OUR BINDERY ☐ OTHER _____

Description of Problem:

Method for Correction: ☐ RERUN ☐ PRO-RATE SHORTAGE ☐ ADDITIONAL LABOR
☐ OTHER _____**Documentation Submitted:** ☐ PRINTED SHEETS WITH DEFECTS
☐ INCOMPLETE OR DEFECTIVE DIE
☐ OTHER _____**Remarks**

Type of Cost	Qty/Time	Cost Per	Total
Paper			
Plates			
Press-Time			
Bindery			
Additional Labor			
Other			

Total Amount of Claim \$ _____